A. TYPE OF HANDBOOK

Part R, Vision Care Services, is the service-specific portion of the Wisconsin Medical Assistance Provider Handbook. Part R includes information for providers regarding provider eligibility criteria, recipient eligibility criteria, covered services, reimbursement rates, and billing instructions. Part R is to be used in conjunction with Part A of the Wisconsin Medical Assistance Provider Handbook which includes general policy guidelines, regulations, and billing information applicable to all types of providers certified in the Wisconsin Medical Assistance Program (WMAP).

B. PROVIDER INFORMATION

Provider Eligibility and Certification

For certification as a provider in the WMAP under HSS 105.32, Wis. Admin. Code, optometrists must be licensed and registered pursuant to ss. 449.04 and 449.06, Wis. Stats. Opticians wishing to be certified as WMAP providers under HSS 105.33, Wis. Admin. Code must practice as described in s. 449.01(2), Wis. Stats. Physicians (ophthalmologists) who want to participate under HSS 105.05, Wis. Admin. Code, must be licensed to practice medicine and surgery pursuant to ss. 448.05 and 448.07, Wis. Stats., and chs. Med 1, 2, 3, 4, 5, and 14. Optometrists, opticians, and ophthalmologists practicing outside Wisconsin, but who provide services to WMAP recipients, must meet the licensing and registration requirements of their own states.

Scope of Service

The policies in Part R govern services within the scope of the practice of the profession as defined in s. 449.01, Wis. Stats., and HSS 107.20, Wis. Admin. Code. Covered services and related limitations are listed in Section II of this handbook.

Optometrists and ophthalmologists may be reimbursed by the WMAP for services related to dispensing and repair of vision materials, as well as for covered diagnostic services. Optometrists with a Therapeutic Pharmaceutical Agents (TPA) certificate and ophthalmologists may be reimbursed for certain surgical procedures. Opticians may be reimbursed by the WMAP only for services pertaining to the supply, dispensing, and repair of eyeglasses. Refer to Appendix 1 of this handbook for a list of allowable procedure codes for vision providers. Ophthalmologists may be reimbursed for additional procedure codes not listed in this handbook, and are referred to the Physician Handbook, Part K, for additional information on covered services.

The State Purchase Eyeglass Contract (SPEC) contractor may be reimbursed by the WMAP for materials covered by the SPEC which are dispensed by WMAP-certified vision providers. Ophthalmologists, optometrists, and opticians may be reimbursed only for materials which are not covered under the SPEC and have been prior authorized by the WMAP.

Refer to Section II of this handbook for information on the SPEC and to Section III of this handbook for information on prior authorization.

Reimbursement

Optometrists, opticians, and ophthalmologists are reimbursed at the lesser of the provider's usual and customary charges or the maximum allowable fee established by the Department of Health and Social Services (DHSS) for these services.

Items/materials which are not available through the SPEC (including emergency vision items purchased out-of-state) are reimbursed at no more than the average wholesale cost of the materials. Refer to Section II of this handbook for more information on the SPEC.

B. PROVIDER INFORMATION (continued)

Provider Responsibilities

Specific responsibilities as a WMAP provider are stated in Section IV of Part A of the WMAP Provider Handbook. This section should be referenced for detailed information regarding fair treatment of the recipient, maintenance of records, recipient requests for noncovered services, services rendered to a recipient during periods of retroactive eligibility, grounds for provider sanctions, and additional state and federal requirements.

C. RECIPIENT INFORMATION

Eligibility for Medical Assistance

Recipients meeting eligibility criteria for Medical Assistance are issued Medical Assistance identification cards. The Medical Assistance identification cards include the recipient's name, date of birth, 10-digit Medical Assistance identification number, medical status code, and, when applicable, an indicator of private health insurance coverage, managed care program coverage, and Medicare coverage. The recipient must be eligible on the date that any services are rendered, including the ordering of replacement parts or eyeglasses.

Medical Assistance identification cards are sent to recipients on a monthly basis. All Medical Assistance identification cards are valid only through the end of the month for which they are issued. It is important that the provider or the designated agent check a recipient's Medical Assistance identification card prior to providing service to determine if the recipient is currently eligible and if there are any limitations to the recipient's coverage.

Section V of Part A of the WMAP Provider Handbook provides detailed information regarding eligibility for Medical Assistance, Medical Assistance identification cards, temporary cards, restricted cards, and eligibility verification. Section V of Part A of the WMAP Provider Handbook must be reviewed carefully by the provider before services are rendered. A sample Medical Assistance identification card can be found in Appendix 7 of Part A of the WMAP Provider Handbook.

Medical Status

Medical Assistance recipients are classified into one of several eligibility categories. These categories allow for a differentiation of benefit coverage. Refer to Section V of Part A of the WMAP Provider Handbook for additional information regarding medical status.

Copayment

Except as noted below, all recipients are responsible for paying part of the costs involved in obtaining vision care services. The procedure codes and their applicable copayment amounts are listed in Appendix 1 of this handbook.

Copayment must be collected from the recipient by the provider of service. Applicable copayment amounts are automatically deducted by EDS from payment allowed by the WMAP. Providers should not reduce the billed amount of the claim by the amount of recipient copayment.

Providers must not collect copayment for the following:

- Services provided in an emergency circumstance;
- Services provided to nursing home residents;
- Services provided to recipients under 18 years of age;
- Services provided to a pregnant woman if the services are related to the pregnancy;
- Services covered by a WMAP-contracted managed care program to enrollees of the managed care program.

C. RECIPIENT INFORMATION (continued)

Managed Care Program Coverage

WMAP recipients enrolled in WMAP-contracted managed care programs receive a yellow Medical Assistance identification card. This card has a six-character code in the "Other Coverage" column designating the recipient's managed care program. These codes are defined in Appendices 20, 21, 22, and 22a of Part A of the WMAP Provider Handbook.

Providers must always check the recipient's current Medical Assistance identification card for managed care program coverage before providing services. Claims submitted to EDS for services covered by WMAP-contracted managed care programs are denied.

The managed care program is responsible for providing all vision care services to recipients enrolled in WMAP-contracted managed care programs, including materials. For recipients enrolled in a WMAP-contracted managed care program, all conditions of reimbursement, provision of vision items/materials, and prior authorization for vision services are established by the contract between the managed care programs and certified providers.

Additional information regarding managed care program noncovered services, emergency services, and hospitalizations is included in Section IX-E of Part A of the WMAP Provider Handbook.